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ABSTRACT

The extent to which television can be used to promote prosocial behavior is examined in this study. A total of 132 boys and girls (age range 8 to 18 years) with behavior problems serious enough to require institutional care participated in the study. The average IQ (WISC) was approximately 88. In the course of a year each of four treatments was administered on three facility wards. Administration consisted of one week of baseline assessment, two weeks of treatment, and one week of follow-up assessment. Each treatment condition included either a prosocial or control TV diet and either the presence or absence of a post-viewing discussion session. The prosocial films were selected for high prosocial and low aggressive content. The control TV diet was based on the youngsters' typical viewing habits. The TV diets were composed of 10 half-hour programs. Among the results, youngsters exposed to prosocial TV programs exhibited more altruistic behavior, less verbal aggression, and less destructive behavior in comparison to youngsters exposed to violence-laden programs. Children who were initially more aggressive benefited most from exposure to the prosocial programs; that is, the frequency of their altruistic behaviors increased more than did those of the less aggressive youngsters. While the discussion in the prosocial diet condition, which highlighted moralistic motivations, appeared to undermine positive program effects, adult-led discussion apparently can minimize the impact of violent programming. (Author/RH)

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THE EFFECTS OF TELEVISION ON INSTITUTIONALIZED CHILDREN

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Over the past several years, television research priorities have shifted from exploring the antisocial effects of the medium to assessing television's positive potential in facilitating socially desirable or "prosocial" behavior in child viewers. A number of studies have shown that exposing children to specific programs or excerpts can result in increased cooperation,[1,9] helpful behavior,[13] and other prosocial interpersonal behaviors.[3] However, relatively little has been done to explore how prosocial television content can be used to effect positive changes in the social functioning of special populations of youngsters who seem to have an especially high likelihood of benefitting from exposure to such material.

The special population that we isolated for investigation were behavior problem youngsters whose problems were serious enough to require at least temporary institutional care. We reasoned that such youngsters invariably have social difficulties, and that a concentrated exposure to relevant prosocial interactions on television could have a therapeutic effect. As a first step in our research, it was important to ascertain the extent of children's TV use in such settings and the type of programs typically viewed. Accordingly, we selected a representative state treatment facility for disturbed children (which is on Long Island, New York) and interviewed the staff about the prevalence and patterns of television-viewing.[11] The behaviorally disturbed

children were reported to watch television about 3 1/2 hours per day, and overall the ward personnel believed that television viewing affected most of the children. Ninety-six percent of the respondents reported having observed various behaviors (both prosocial and antisocial) which appeared to be provoked by what the children had seen on television. Particularly noted was the children's frequent imitation of various super-heroes seen on TV. In a related study[5] in which the child residents were interviewed, the pervasive influence of television in this setting was corroborated, and it was further learned that the youngsters preferred violence-laden programs (such as cartoons and super-hero action shows) over other program types.

Clearly, the youngsters' normal TV viewing would not result in their being exposed to many prosocial themes. Accordingly, we designed a study which involved constructing a prosocial TV diet containing programs with frequent instances of prosocial behaviors and assessing its influence relative to a control TV diet composed of programs representative of the youngsters' typical viewing fare. The study represents an initial attempt to examine the extent to which television can be used as a therapeutic medium to promote prosocial behavior by such children.

One concern about these children was that their attention span and intellectual abilities were more limited than that of normal youngsters, two factors which might prevent them from extracting the prosocial TV messages. It was thought that adult reinforcement of the prosocial themes might be necessary for the youngsters to learn and incorporate the positive

messages. Therefore, a second aspect of the study was to assess the effectiveness of highlighting the most salient prosocial content in an adult-led group discussion after each program was shown.

A parallel discussion session for the control TV diet was designed to assess whether an adult-led discussion of the antisocial behaviors contained in the programs could decrease the adverse influences of such TV content. This seemed to be a particularly important question to address with this special population in that the children seemed to be at greater risk than nondisturbed children in being adversely affected by TV violence. Past research has shown that TV violence has a greater influence on the less mature and initially more aggressive youngster.[3] Since both these characteristics are common in the institutionalized population studied, and since their typical viewing included high levels of violence, it seemed extremely worthwhile to discover ways to counteract the negative influences. Prior research has shown that adult disapproval of aggression seen on television can at least temporarily inhibit viewer aggression[4,6] In the present study, the effect of the control diet without a discussion was compared to that with a post-viewing discussion which discouraged the antisocial behaviors presented in the programs.

To summarize, there were four treatment conditions in a 2 X 2 design: each treatment included either the prosocial or control TV diet and either the presence or absence of a post-viewing discussion session. The TV diets were each composed of 10 half-hour programs, one program being shown each weeknight over a two-week period. The 10-minute group discussion followed immediately after the program showing.

The prosocial and control TV diets were selected from an extensive videotape library of previously broadcasted commercial programs. All programs had been plot summarized and rated for prosocial and aggressive content with a systematic code[12] that had been used in several previous content analyses[2,3,8,10]. The prosocial programs were initially screened using the behavioral criteria established for a previous field-experimental study[8]; namely, programs containing at least 29 prosocial acts and less than 3 aggressive acts per hour were labelled "prosocial."

The program plots of the prosocial programs were then examined to identify those that were most suitable for the population of disturbed youngsters. Examples of themes dealt with in the final prosocial diet are: the benefits of helping others, compromising when there is a conflict, considering other peoples' feelings, cooperating with teachers, and the problems with stealing and with playing practical jokes. The series used included situation comedies (e.g., Brady Bunch), dramas (e.g., Room 222), and cartoons (e.g., Fat Albert and the Cosby Kids).

The youngsters' typical viewing habits were determined to construct the control TV diet. Viewing diaries were collected on the four participating wards about three months prior to the initiation of the field experiment. The viewing diaries were completed by the child care workers on the afternoon and evening shifts during the last two weeks in October, 1978. The completed diaries were collected from the clinical staff members daily for the two week period. Based on the viewing diaries, the ten most frequently watched half-hour programs across the four wards were selected for the control diet condition which resulted in seven cartoons (e.g., The Flintstones) and three situation

comedies (e.g., Sanford and Son).

The research was conducted at the state inpatient facility where we collected the interview data mentioned earlier. A total of 132 youngsters on the four highest functioning wards participated in the study. Three of the wards contained males and one contained females. The youngsters' average age was 14 years (ranging from 8 to 18 years) and their average IQ was 87.8 (on the WISC). The youths had been in the facility for an average of 1 year prior to the study, with approximately 44% being diagnosed as Unsocialized Aggressive Reaction, 20% as Schizophrenic, 16% as Adjustment Reaction of Childhood, and the remainder as Organic Brain Syndrome, Retarded, or Anxiety Reaction.

Over the course of one year, each of the four wards received three of the four TV/discussion treatments such that each treatment was administered on three wards. (Scheduling constraints at the clinical facility precluded the administration of the four treatments on the four wards.) The administration of each treatment required four weeks: one week of baseline assessment, followed by two weeks of treatment, and one week of follow-up assessment. During the 2-week treatment phase, a television program from the appropriate diet was shown on the ward immediately after dinner, and depending on the treatment condition, the 10 minute discussion followed. Then a written, multiple-choice comprehension test focusing on the main prosocial and antisocial messages contained in the program was administered. During the baseline and follow-up weeks, the dependent measures were collected, but there was no exposure to the TV diets.

The pre-post dependent measures assessed the youngsters' social behavior in a variety of ways. The children were observed for three dispersed 3-minute time blocks every evening of the 4-week treatment phase, behavior being recorded as being exhibited or not after every 30 seconds of observation. The behavioral categories included three prosocial behaviors (altruism, affection, and appropriate interaction) and four aggressive behaviors (physical, verbal, symbolic, and object aggression). Periodic reliability assessments on the use of the code has yielded quite satisfactory inter-rater agreement (agreement ranged from 65% to 74%). The pre-post assessments also included two paper-and-pencil measures, the Response Hierarchy (used by Leifer and Roberts) and the Locus of Control.

Results

The administration of only three of the four treatments on each ward precluded analyzing the treatment effects by ward. To assess whether it was appropriate to combine the wards for statistical analysis, the four wards were compared on several demographic variables using a series of one-way ANOVA's and Chi Square tests (for nominal variables). Significant ward differences were found for age ($p < .001$), diagnosis ($p < .01$), and reading level ($p < .01$). One ward had slightly younger residents with lower reading levels, and another ward had a higher percentage of youngsters diagnosed as schizophrenic than on the other three wards. However, the wards were equivalent on the dimensions of IQ, number of admissions to and length of stay at Sagamore, severity of disturbance, use of medication, and racial composition. The ward similarities were considered sufficient to warrant combining over the

four wards in a 3-way unequal ANOVA in which the factors were: TV Diet (Prosocial/Control), Discussion (With/Without), and Phase (Pre/Post). The dependent measures thus analyzed were the 7 behavioral categories, the Response Hierarchy, and the Locus of Control measures.

In addition, based on prior research which indicated that prior aggressiveness and immaturity related to TV violence effects,[3,14] two demographic variables were isolated as potential determinants of the nature and extent of the intervention effects: baseline level of physical aggression and IQ. The distribution of preintervention levels of physical aggression (from behavior observation measure) and IQ scores were found to be comparable across the four wards. The baseline physical aggression and IQ distributions for the entire sample were each divided at the median so that each variable would be examined as a high vs. low split. After the 3-way ANOVA's (TV Diet X Discussion X Phase) were performed on the dependent variables, the median split variables (baseline physical aggression and IQ) were added separately as factors, and their main effects and interactions with TV diet, discussion, and phase were examined.

The subject sample included in the analyses were only those youngsters who attended at least four of the ten programs in the treatment. Of the abailable ward population of 132 youngsters, 77% satisfied that criterion for at least one treatment phase. The high attenders (watched at least four programs) and low attenders (watched less than 4 programs) were compared to determine potential differences between the two groups of youngsters. There were no differences for 6 of 7 behavioral categories, the physical aggression

score on the Response Hierachy, the Locus of Control measure, IQ, age, and level of attention to the programs viewed and comprehension of them. Only two variables differed significantly between the high and low attenders, Object Aggression and the verbal aggression scale on the Response Hierarchy; but the differences were inconsistent and considered to be inconsequential.

Of the positive social behaviors, there was a significant Diet X Phase interaction for Altruism which indicated that youngsters who saw the pro-social TV diet increased in altruistic behaviors from the pre-treatment to post-treatment period, while those who viewed the control diet decreased in altruistic behaviors. A significant Discussion X Pnase X IQ interaction revealed that for the low IQ children, the discussion decreased altruism while for the High IQ children, altruism increased both with and without discussion. Baseline aggression interacted significantly with TV Diet and Phase indicating that the patients' initial level of physical aggression determined the influence of the TV diets on altruism; the initially high aggressive youngsters' altruism increased significantly from exposure to the prosocial TV diet and decreased significantly from exposure to the control TV diet, while the low aggressive patients' behavior did not vary with TV diet.

A parallel set of ANOVA's were performed on the aggressive behavioral categories. A significant TV Diet X Discussion X Phase interaction was found for Verbal Aggression (threatening, teasing, or derogatory comments) and for Object Aggression (destroying or damaging objects). For both behaviors, the prosocial TV diet with discussion led to an increase in

aggression, while for the prosocial diet without the discussion aggression decreased. On the other hand, at least for Verbal Aggression, the discussion for the control diet decreased aggression while its absence increased aggression. For Symbolic Aggression (use of non-contact or nonverbal means to harm someone, including chasing and threatening gestures), there was a significant Diet X Phase X Baseline Aggression interaction. Symbolic Aggression decreased for the high aggression youngsters who were exposed to the prosocial TV diet while none of the other groups changed from the pre- to- post phase.

The Response Hierarchy and Locus of Control scores were not found to vary significantly from the pre- to- post phases of the study.

An analysis of the attention and comprehension scores revealed that the average attention was 77% and the average comprehension scores was 60.5%. These scores were not found to vary with TV diet, the discussion condition, or IQ. Overall, the attention scores suggest that the children who attended the program showings were quite attentive, especially when one considers the distractions present in a group viewing situation. Similarly, the comprehension scores suggest that the viewers understood a fair amount of the critical social content; given the low reading scores of this population, it is likely that the written comprehension test underestimated what was actually learned.

Discussion

In accordance with past findings which indicated that prosocial television can increase prosocial behavior in normal children,[1,3,12] the results

of this field investigation are encouraging in showing how TV can be used effectively to facilitate positive changes in the social behavior of institutionalized behaviorally disturbed children. Youngsters exposed to a two-week diet of prosocial TV programs behaved more altruistically, less verbally aggressive, and less destructively relative to youngsters exposed to the violence-laden programs typically viewed by this population. Further, for children initially more aggressive than the average (for this population), exposure to the prosocial TV diet resulted in a decrease in threatening aggressive behaviors and gestures. Similarly, it was this initially aggressive subsample which benefited the most from exposure to the prosocial programs; that is, the frequency of their altruistic behaviors increased more than those of the less aggressive youngsters. These findings suggest that the behavior of other aggressive populations (e.g., juvenile delinquents, prison inmates) could become more altruistic and less aggressive from a steady diet of specially selected entertainment programs.

Another encouraging finding was that the prosocial programs shown were as appealing as those normally selected; that is, the prosocial programs attracted the youngsters' attention to the same degree as programs more typically selected by the youths. This suggests that ward personnel could guide the children's program selections to include programs with constructive messages.

The potential of increasing the prosocial effects with a post-viewing discussion is less clearcut. The discussion in the prosocial diet appeared to undermine the positive program effects. Youngsters who saw the prosocial

diet without discussion became less verbally aggressive and less destructive while those who also discussed the program became more aggressive in these ways. Likewise, low IQ youngsters became less altruistic in the discussion conditions. On the other hand, the discussion accompanying the control TV diet did not have this negative effect; in fact, the discussion appeared to counteract some of the adverse effects of the violent content. A possible explanation for these findings is that the youngsters in the target population tend to be rebellious, nonconforming, and oppositional, and tend to maintain a "tough" image. Accordingly, they might have actively resisted an adult's direct support of altruistic, peaceful behavior in much the same way as they oppose other adult directives. Making the situation worse, often the adult expressed that the reward for behaving in prosocial ways was that one feels good about oneself. This moralistic explanation may have invited further opposition from these youngsters who seem to be most influenced by tangible outcomes. In contrast, the prosocial messages contained in the TV programs were couched in less moralistic terms; and they were presented more casually than was the case for the discussion leader, who by assuming a teacher-like role almost invited resistance from this population.

The discussion for the control diet was less moralistic than that for the prosocial diet, focusing on pragmatic reasons why one shouldn't behave aggressively (i.e. one gets in trouble). Such a discussion seemed to be at least moderately effective in reducing the negative influences of the antisocial TV content.

It is clear that in any field study the effects of the "field" on the experimental manipulations can be critical. The results of this study were

not immune to these effects. The relatively low attendance rate at the programs which necessitated the deletion of 23% of our subject sample was due in part to the competing activities available to the youngsters at viewing time. Examples of alternative activities provided by the center include swimming, bowling, and dramatics. Since the TV programming was not placed on the institution's activity schedule, many children frequently forgot to attend. Due to staffing shortages, ward staff were unable to consistently remind the children about the programming. If a greater percentage of programs were viewed, the effects obtained would probably have been stronger both in mangitude and number.

In summary, a promising first step has been taken in determining whether a prosocial TV diet can be used as a therapeutic tool for shaping prosocial behavior in the institutionalized child. The data confirmed that a prosocial diet can increase positive behaviors and decrease negative behaviors. They also demonstrated that an adult-led discussion can minimize the impact of more violent programming. However, such discussions seem to backfire when they highlight the moralistic motivations for engaging in prosocial behaviors. This effect seems to be intimately related to the characteristics of the target population.

It is hoped that the promising results obtained with the prosocial TV diet will stimulate further research on how to maximize positive effects. Perhaps a more concentrated "dosage" of prosocial programs would be more effective. Further, an examination of the post-viewing group discussion process is warranted to determine more effective ways to emphasize televised prosocial content to disturbed children.

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